

PHAGEDENIC ULCERATION OF BOTH BREASTS
DURING THE PUERPERIUM.

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THE following case is reported on account of the rarity of phagedenic ulceration other than the venereal type, and as an example of the rapidity with which such a process extends, well known in pre-antiseptic days, rarely seen now.

Mrs. J., aged 20, admitted to the Pittsburg Hospital December 17, 1906. Family history negative.

Previous history.—Delivered of a healthy child three weeks ago after a normal labor. Puerperium apparently normal until about one week ago, when child refused to nurse, and patient noticed that both breasts were enlarged, painful, and tender to touch. Nursing stopped. In a few days a small surface appeared on each breast just below the nipple, which was extremely tender and painful and which spread with great rapidity. The leaves of some plant were applied to both surfaces.

Present condition.—Skin of face a peculiar yellow color, with bright, flushed cheeks, pupils contracted, tongue dry, tremulous, and coated in patches; lungs, broncho-vesicular breathing over anterior surface both sides, with few moist râles; respiration 62; heart, both sounds weak, first sound seems somewhat blurred, very rapid, slightly irregular; pulse 140, slightly irregular, fairly good volume, not compressible; abdomen negative; pelvis negative; temperature 104° F.

Breasts.—Both were the seat of extensive ulceration of an irregular horseshoe shape, with the nipples in the centre. (Figure 1.) The ulcers measured approximately 20 cm. from side to side and 10 cm. from above downward and were scarcely more than 1.5 cm. deep at any point. The edges were sharp, gnawed out and undermined, the surfaces covered with dirty, grayish, sloughing tissue, with but little discharge—a typical picture of phagedenic ulceration. The process had attained its present dimensions in four days. The glandular tissue proper of the

FIG. 1.



Phagedenic ulceration of both breasts.

breasts was soft and presented no evidence of any inflammatory involvement.

Smears and cultures from the ulcers showed a mixture of staphylococci, streptococci, and pneumococci. A blood culture revealed the presence of staphylococci and a gram negative bacillus resembling the bacillus typhosus. The leukocytes upon admission were 15,200; two days later 9,600. Urine 1007, albumin present, granular casts.

The ulcers were thoroughly cauterized with pure bromine, which stopped the process at once. The accompanying plate gives a fair idea of the appearance of both breasts several days after cauterization and after the separation of most of the sloughing base. It is worthy of note that the areola surrounding the nipples appeared to offer a more effective barrier to the spread of the disease than other portions of the skin, as shown by the shape of the ulcers. The patient failed rapidly and died January 4, 1907, from toxic nephritis and diarrhoea. It is regretted that no autopsy was permitted.